
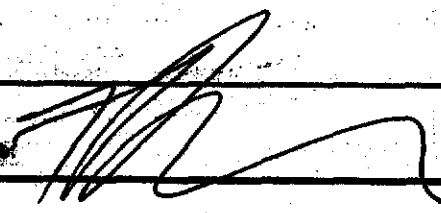


FILED EFFECTIVE

No. W 31511	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		DENNIS W THOMAS 1902 E SHERMAN AVE COEUR D'ALENE ID 83814
	RIVER CITY ANIMAL HOSPITAL, PLLC 1902 SHERMAN AVE COEUR D'ALENE ID 83814 310 N HERBORN PLACE POST FALLS, ID 83854		FRANK D CLOVIS 310 N HERBORN PLACE 3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MEMBER	FRANK D CLOVIS	1394 S PONDEROSA DR COEUR D ALENE KOOTENAI	83854
MEMBER	BRIAN A LUCE	378 S PONDEROSA LOOP POST FALLS ID KOOTENAI	83854
5. Organized Under the Laws of: IDAHO W 31511		6.  Name (type or print): FRANK D CLOVIS	
Issued 11/30/2009 by SLD		Title: MEMBER	
		Date: 12/16/09	